PAYROLL ACTION FORM

TYPE OF CHANGE:

_____ NAME
_____ ADDRESS
_____ SALARY
_____ EMPLOYMENT STATUS
_____ NEW EMPLOYEE
_____ TERMINATION

NAME _____

ADDRESS _____

_____

TELEPHONE NUMBER:_____DATE OF BIRTH _____

SOCIAL SECURITY NUMBER _____

JOB TITLE:_____

DEPARTMENT: _____

EFFECTIVE DATE: _____

PAYROLL STATUS: _____ F – FULL TIME
_____ S – SALARIED
_____ P – PART TIME
_____ H – HOURLY

CLASSIFICATION: _____ EXEMPT
_____ NON-EXEMPT

EMPLOYMENT START DATE

_____

EMPLOYMENT TYPE (***INSERT #)***
_____ 40 HOURS
_____ 30 - 39 HOURS
_____ LESS THAN 30 HOURS

PRESENT SALARY PER HOUR/YEAR

_____

NEW SALARY PER HOUR/YEAR

_____

TERMINATION DATE

_____

TYPE OF TERMINATION:
_____ EMPLOYEE INITIATED
_____ COMPANY LAYOFF
_____ COMPANY INITIATED

REASON FOR TERMINATION: _____

_____

_____ NOTICE GIVEN
_____ ELIGIBLE FOR REHIRE

_____ _____
Signature Date